0 1 2000



VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS

Applicant:

Prof. Dr. Thomas Hunig

Application Filed:

Herewith

HUMAN CD28 SPECIFIC MONOCLONAL ANTIBODIES FOR ANTIGEN-NON-SPECIFIC ACTIVATION OF T-LYMPHOCYTES

Assistant Commissioner of Patents Washington, D.C. 20231

Sir:

THE UNDERSIGNED DECLARE(S):

Exclusive rights in the above-identified invention reside in the "small entity(ies)" defined and named below, and "small entity" fees are appropriate. Qualification as a small entity is based upon the appropriately checked statements below:

[X] INDEPENDENT INVENTOR(S)

The below-signing independent inventor(s) has (have) not assigned, granted, conveyed or licensed, and is (are) under no obligation under contract or law to assign, grant, convey or license any rights in the invention to any person who could not likewise be classified as an independent inventor under 37 CFR 1.9(c) if that person has made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

[] SMALL BUSINESS CONCERN

The below-identified small business concern qualifies as a small business as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, in that the number of employees, including those of its affiliates, which does not exceed 500 persons, and it has not assigned, granted, conveyed or licensed, and is under no obligation under contract or law to assign, grant, convey or license any rights in the invention to any person who could not be classified as an independent inventor if that person had made the invention, or to any concern which would not qualify as a small business concern under 37CFR 1.9(a) or a nonprofit organization under 37 CFR 1.9 (e).

Concerns are affiliates of each other when, either directly or indirectly, one concern controls or has the power to control the other, or a third party controls or has the power to control both. The number of employees of the business concern is the average over the fiscal year of the persons employed during each of the pay periods of the fiscal year. Employees are those persons employed on a full-time, part-time or temporary basis during the previous fiscal year of the concern.

ATION (Check additional applicable box. J I NONPROFIT ORGA

The below-identified	nonprofit organization	n qualifies	2.8	a small	entity	under	37	CFR	1.9(¢)	រា ពេ	R R
constitutes:	•										

- [] a university or other institution of higher education located in any country; or
- [] an organization of the type described in Section 501 (c) (3) of the internal Revenue Code of 1954 (26 USC 501(c) (3)) and exempt from taxation under Section 501 (a) of the Internal 2. Revenue Code (26 USC 501(a)); or
- [] any nonprofit sejentific or educational organization qualified under a nonprofit organization 3. statute of a state of the United States (35 USC 201 (i)); or
- [] any nonprofit organization located in a foreign country which would qualify as a nonprofit organization under paragraphs (e) (2) or (3) of Rule 1.9 if it were located in the United States.

The undersigned acknowledge(s) the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

The below signing individual(s) hereby declare(s) that (he, she, they) are authorized to execute this statement on behalf of the small entity; that all the statements made herein of (his, her, their) own knowledge are true and that all statement made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Small Entity: Prof. Dr. Thomas Hunig

Address of Small Eutity: (Street, City, State or Country, Zip Code) Mittlere Hearbergatt, 26, D-97078

Wurzburg, Deutschland

Name of Person Signing: Prof. Dr. Thomas Hunig

Title of Person Signing: Inventor

newy Signature:

Date Signed: NSV 23, 99

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DECLARATIO		

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ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information

X which is material to paternability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following items, if desired)

- and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and
 - In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.93.

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35. United States Code. § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by the on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) no such applications have been filed.
- (e) X such applications have been filed us follows.

NOTE: Where item (c) is enzered spore and the International Application which designated the U.S. Itself claimed priority check item (c), enter the denils below and make the priority claim.

A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY OUNDER 37 U	CLAIMED SC 119
INDICATE IF FOLY			YES	NO _
			_ YES	NO _
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entering the Linited S		from the filling date of this application stage, or (2) a commission, division N AND POWER OF ATTORNE 5, or PCT application(s) under 15 t	in is a PCT filing forming the basis for fills a discrete fill and constitution in part, then also complete the PDR DIVISIONAL, CONTENUATION I.S.C. § 129.	pplicati ADDI OR C
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: :		POWER OF ATTORNEY		
l bereby appoints in the Patent an	i the following at d Trademark Office	corney(s) and/or agent(s) to e connected therewith. (List	prosecute this application and tran name and registration number)	sael i
		Paul C. Ramus - Kristin Kohler -	Reg. No. 37,221 Reg. No. 41,907	
	(check	k the following item, if appli	cable)	
_ Attach	ed as part of this de ey(s) to accept and	claration and power of attention follow instructions from my	ney is the authorization of the above representative(s).	е-пал
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END CORRESPOND	ENCE TO		DIRECT TELEPHONE CA	LLS ber)
aul C. Remus		,	Paul C. Remus	
	kraži)		(603) 669-1000	
Devine, Millimet & Bra 11 Amherst Street 2.0. Box 719			(865) 555 555	

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements are both, under Section 1001 that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 16 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent assued thereon.

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SIGNATURE(S)

N. TE: Carefully indicate the family (or last) name as it should appear on the fling receipt and all other documents.

Full name of sale or first inventor	
Prof. Dr. Thomas (GIVEN NAME) Inventor's aignature (MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
inventor's asgustante	:
Date Nov 23, 1999 Country of Chizenship Germany	•
Residence Mullere Heerbergarr, 26, D-97078 Wurzburg, Deutschland	
Post Office Address Same As Above	
Full name of second joint inventor, if any	i.
(GIVEN NAME) (MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAMB)
Inventor's signature	
Date Country of Citizenship	
Residence	<u> </u>
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Post Office Address	
	
Full name of third joint inventor, if any	
(GIVEN NAME) (MIDDLE INITIAL OR NAME)	PAMILY (OR LAST NAME)
(GIVEN NAME)	
Inventor's signature	
Dute Country of Chilzenship	
Residence	
Post Office Address	

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

	* * *
Signature by administrate inventor. Number of par	or(trix), executor(trix) or legal representative for deceased or incapacities added
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Signature for inventor t	who refuses to sign or cannot be reached by person authorized under ages acided
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Added page for signar representative cannot be	ure by one joint inventor on behalf of deceased inventor(s) where ke appointed in time (37 CFR 1.47).
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